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TENTS THAT MEN	IDMENT T	ransmi'	TTAL LE	TTER	Docket No. 111828.0109	
			Examiner	Art Unit		
• •	'''		S. L. Rawling	s 1643		
Applicant(s): Kath				RY FACTOR (MIF)	AS MARKER FOR	
	ATE CANCER			T PACTOR (WIII)		
Transmitted herev		THE COMMI				
The fee has been						
1110 100 1140 50011				· · · · · · · · · · · · · · · · · · ·		
CLAIMS AS AMENDED Claims Highest						
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	93	- 93 =	0	Х .		
Independent Claims	4	- 4 =	0	х		
Multiple Depend	ent Claims (ch	eck if applicabl	le)			
Other fee (please specify): Extension for response within first month TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00 120.00	
	ONALTELT			Small Entity		
x Large Entity				Sinali Entity		
No additiona	I fee is require	d for this amer				
X Please charge Deposit Account No23-2185 in the amount of \$120.00 A duplicate copy of this sheet is enclosed.						
A check in th	ne amount of \$		to cover	the filing fee is encl	osed.	
Payment by credit card. Form PTO-2038 is attached.						
X The Director		norized to char	ge and credit	Deposit Account No	o. <u>23-2185</u>	
x Credit a	overpayment and additional file	ing prapplication		fees required under 3	7 CFR 1.16 and 1.17. November 7, 2007	
BLANK ROME 600 New Hamp Washington, DO (202) 772-5800	LLP shire Ave., NV C 20037					